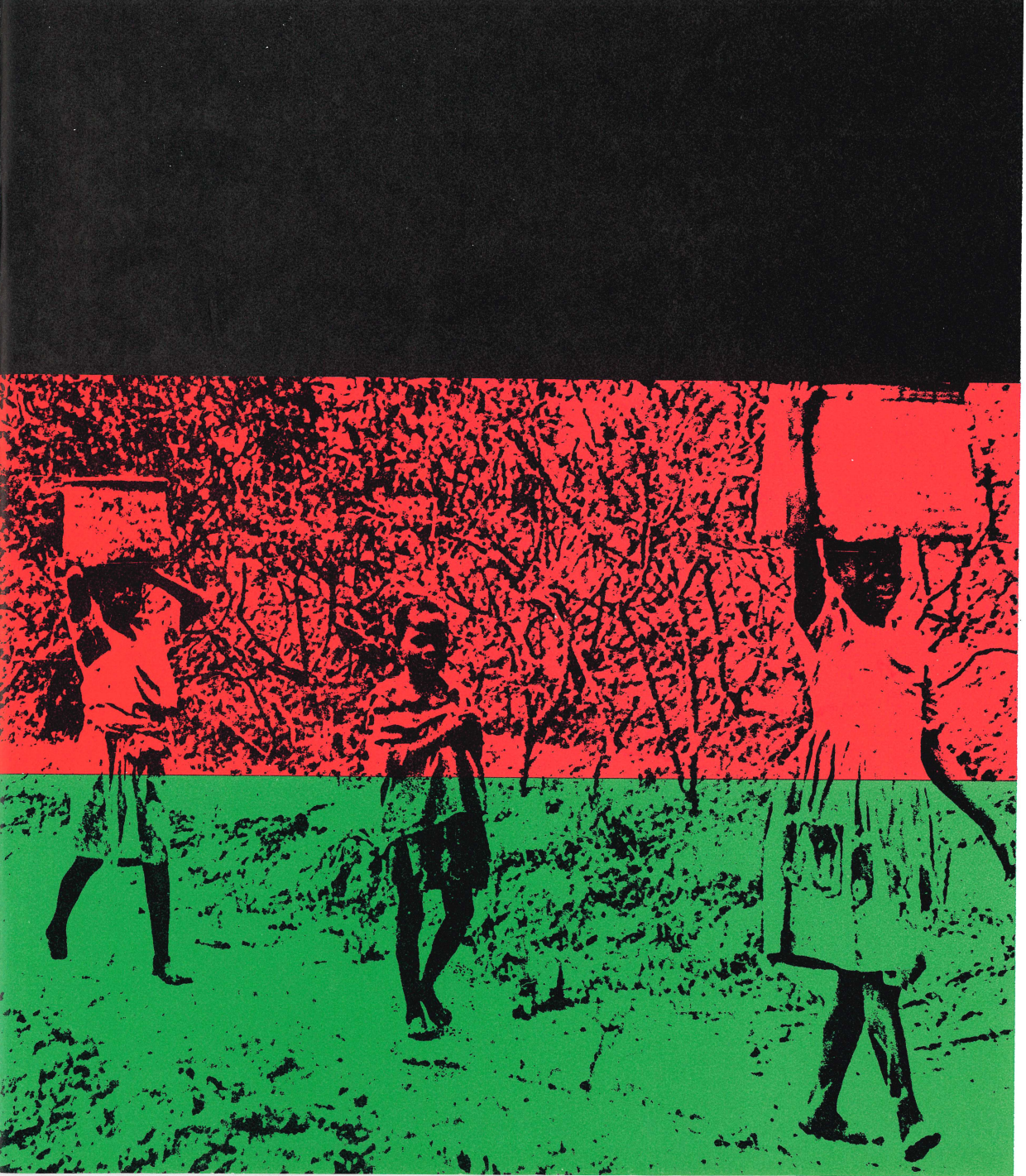
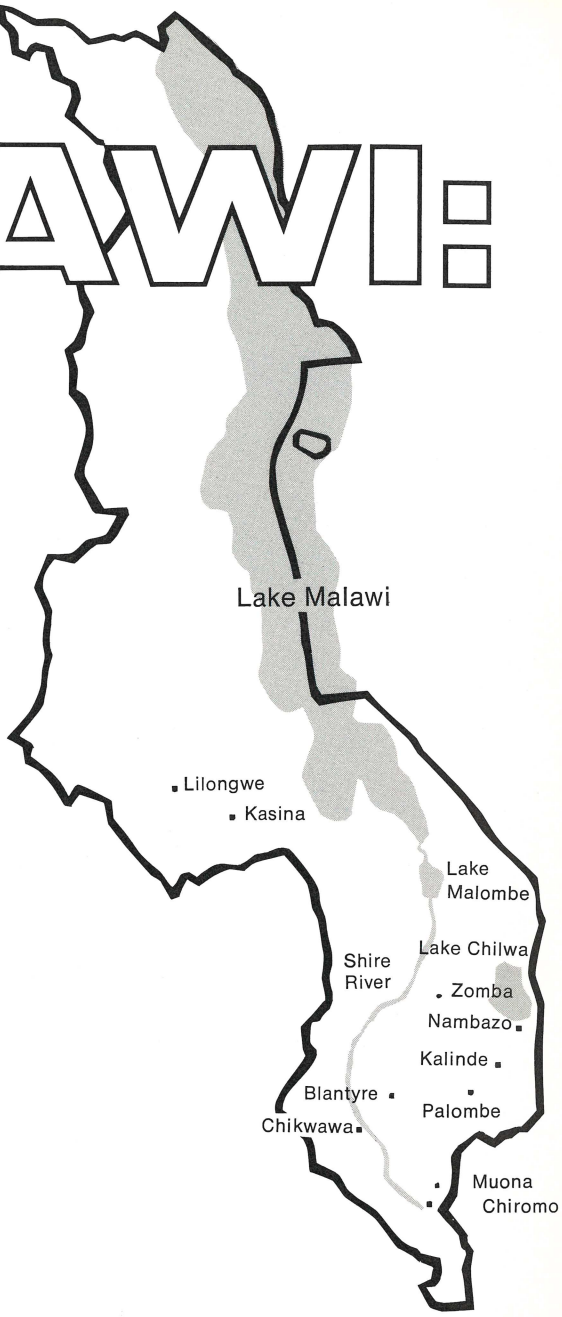


medical missionary

summer 1969

MALAWI:



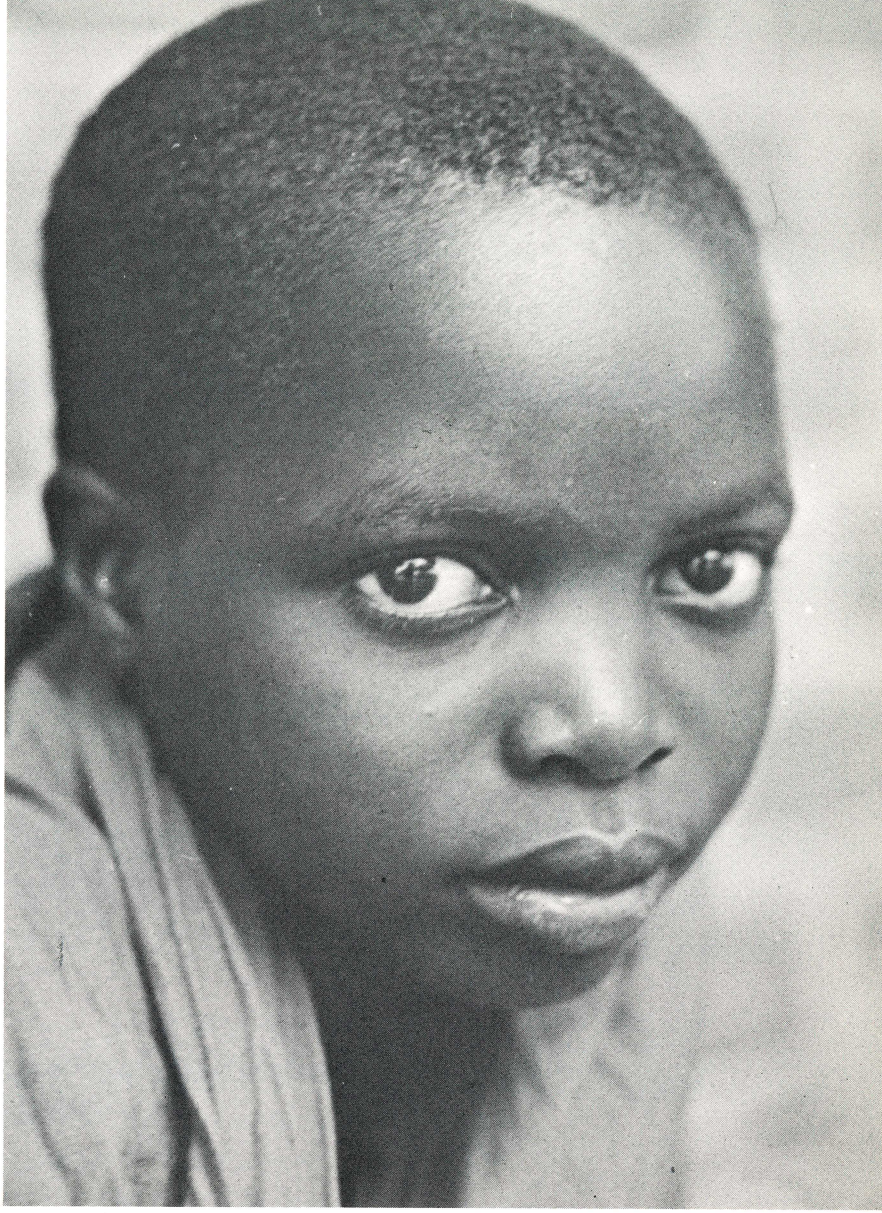
A NATION TODAY... FOR TOMORROW

Here I stand
On the white-fringed edge of the world:
Its limits are my mind.
Let your white sun
Wash my strong brown body.

I feel the crinkle of your golden sands
Under the yellow soles of my feet.
If I lose this certain grip,
If this blue sea washes all of you away,
I will have been widowed
By the moon's rising tide.

I have taken you for better or for worse,
Yet between the thick and the thin
Of this ebbing flow I cannot form a whole.

But if with love again
I turn my face towards you, Africa,
Turning away from the faithless horizon,
Your green mountains will give me
my fulfillment.



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Mai-Malawi (Mother Malawi) is a beautiful country, full of energy and longing for development.

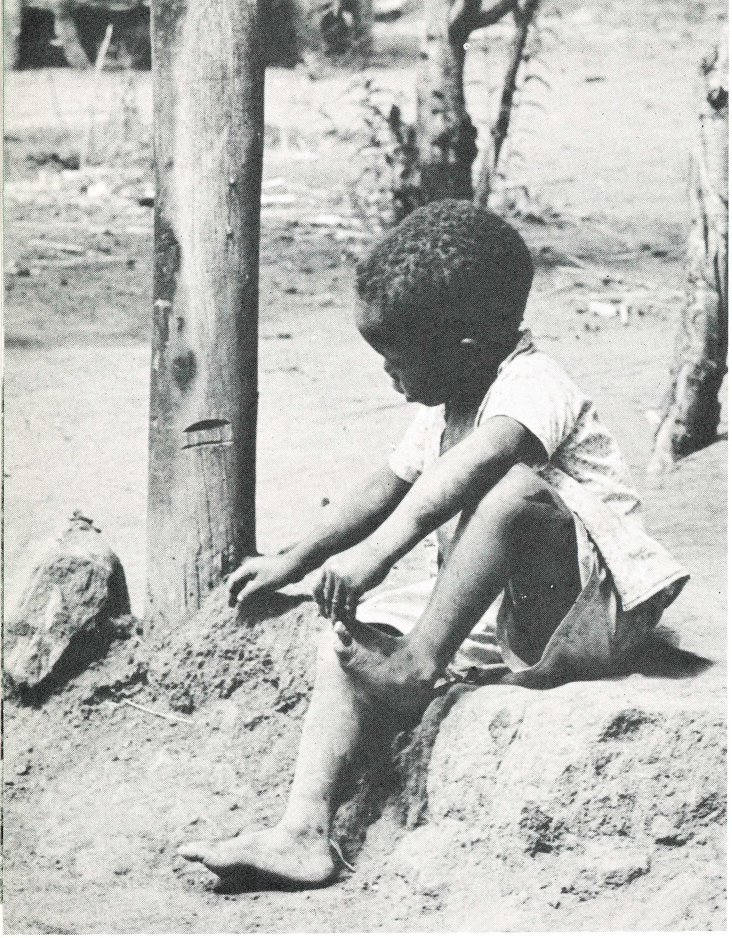
"Our business is now to build our country. Let us build it by hard work, cooperation and understanding among all people"

So directed the President of Malawi, Ngwazi Dr. H. Kamuzu Banda in July, 1966, as Malawi assumed the privileges and responsibilities of an independent republic. A land of promise . . . some 520 miles long, molded in width from 50 to 100 miles by the contours of the third-largest lake in Africa . . . its only

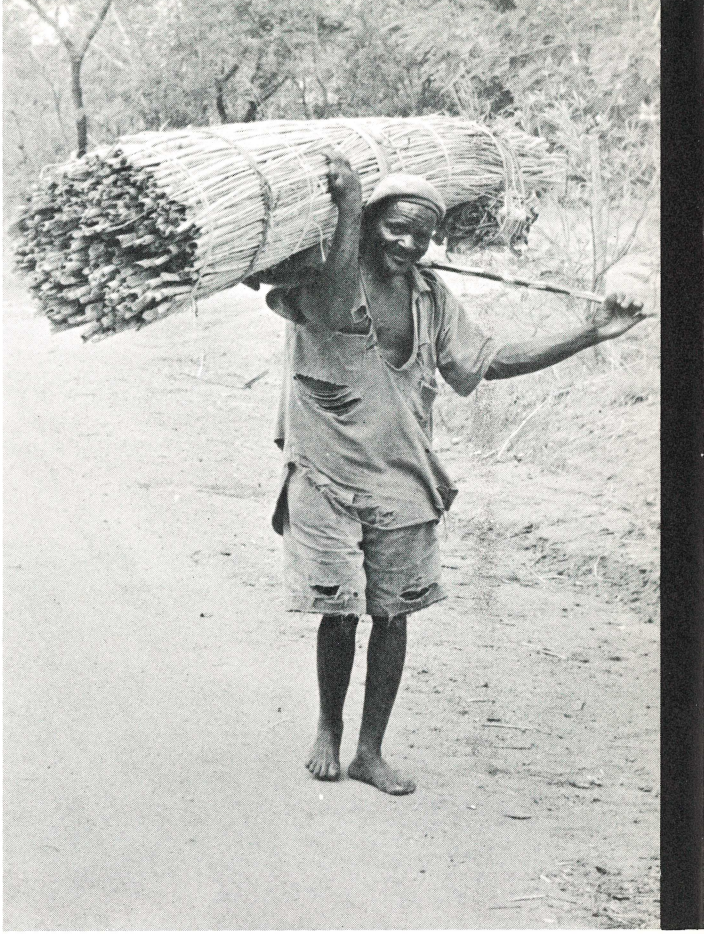
"Moni" is the friendly greeting used by everyone to wish everyone else a good day and all good things. "Moni was Mafuta" is the superlative and means "a good day . . . dripping with oil!"

destiny is progress, to be built from the agricultural, fishing and forestry resources of the land and the determination and energy of the people.

All of the four million African inhabitants of Malawi are of Bantu origin, coming from the North, East and South during the 16th and 17th centuries. David Livingstone was the first white man permanently to affect this place of the Great Rift Valley when he came upon Lake Malawi in 1859. Anglican and Scottish



Of Malawi's four million inhabitants, one fourth of them are below the age of six years.



There is still much poverty in Malawi as it has the lowest income-rate per capita in Africa.

missionaries followed him in the following decades, together with the British government. By 1907, what is now the country of Malawi had gradually become the British Protectorate of Nyasaland. It was linked with Northern and Southern Rhodesia to form the Federation of Rhodesia and Nyasaland in 1953. Nine years later, the Federation was dissolved and Malawi became a constitutional monarchy for two years. Today, after three years as an independent republic, there are 4 million Africans, 12,000 Asians and 7,000 Europeans in the country. Chichewa and English are the official languages.

Dancers at a wedding celebration. Malawi is one of the four most densely-populated countries of Africa.

Malawi is a predominantly agricultural country with 95% of its population in rural areas. Tea, tobacco, cotton, groundnuts, maize and sugar are among the chief products. The Malawians are intelligent and capable workers, and some 220,000 of them work on the mines and farms in the neighboring countries of Zambia, Rhodesia and South Africa. The political peace and stability of Malawi, resulting from its wise and determined leaders, promises continued social and economic growth.

The Medical Mission Sisters have invested ten years in Malawi's potential for tomorrow.

Holy Family Hospital, Palombe. Three young men from Germany built the hospital with financial aid from Miserior.

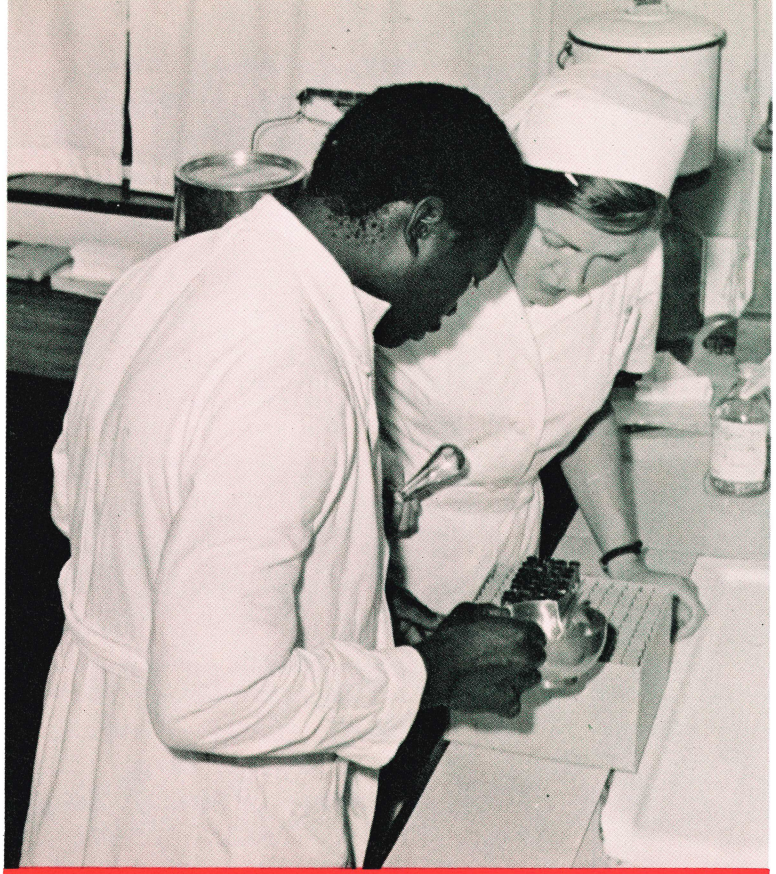
They first arrived in Palombe in 1959 to work in the hospital of the deMontfort Sisters. In 1961, midwifery training was begun in a temporary building while the present Holy Family Hospital was being constructed. Today a total of 22 Sisters, most of whom are from the Netherlands, are working in the country to contribute to its medical development. Holy Family Hospital, Palombe, has a bed capacity of 100 and a nursing and midwifery enrollment of 40

Outpatient Department, Holy Family Hospital, Palombe. People from 375 villages have attended the O.P.D. or were admitted to the hospital.

Sr. Anne Speetjins examines a baby, Holy Family Hospital. Much of the medical work in Malawi is directed to pregnant mothers and children under five.

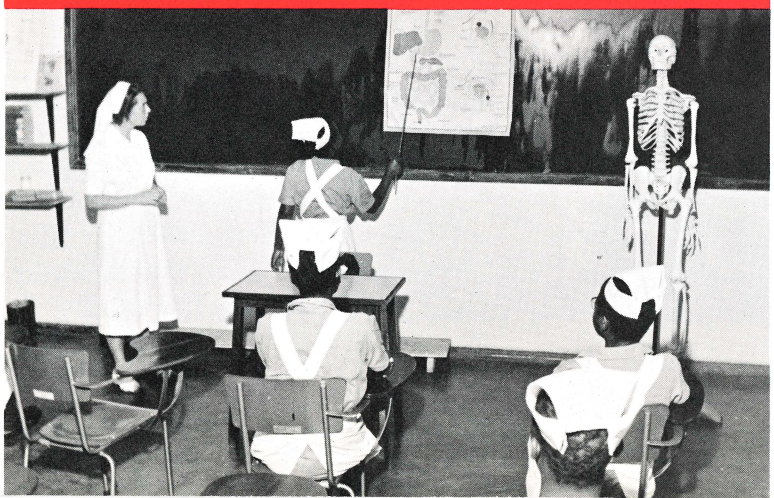
students. It serves 80,000 people in a radius of about 30 miles. Much emphasis is being placed on maternity and well-baby care. The next step will be to incorporate Malawian graduates in to the hospital work in a solid, independent way. Already the hospital has placed four of its qualified Malawian nurse-midwives in charge of various departments. Another African nurse from another hospital shares similar responsibilities.

Twice a week the Holy Family Hospital Landrover-ambulance starts out early in the morning, heavily loaded with supplies, Sisters, students and one office boy to travel to Kalinde, a village 14 miles from Palombe. Kalinde is a populated area, offering a wide scope for preventive medicine and health education. The government provides hospitality in its small health center. Under the enormous tree in Kalinde with "furniture" built by the government medical assistant (a table resting on the handle bars of a bicycle, and benches made from a tree trunk), 250 people per week receive encouragement and advice.

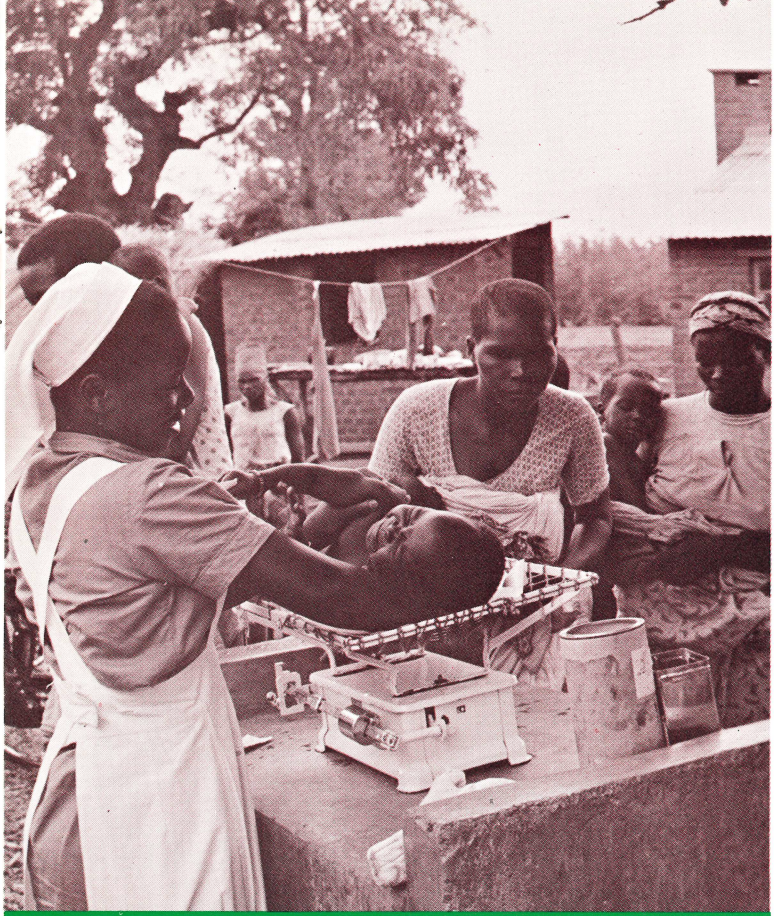


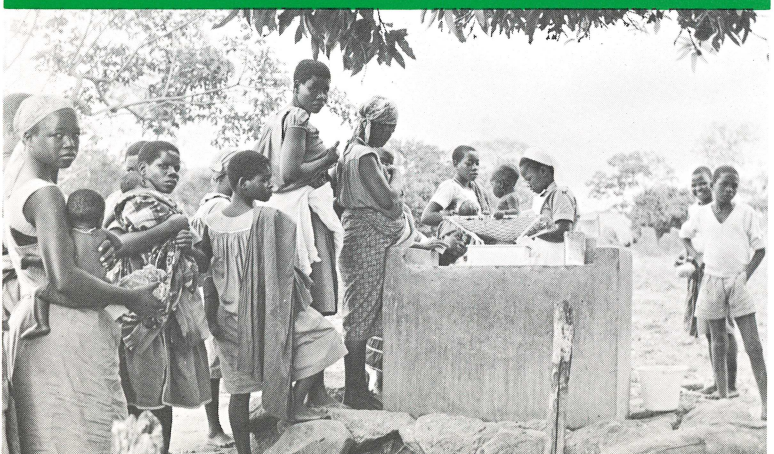
Sr. Stella Pelzer and her assistant in the pharmacy, HFH, Palombe. Of primary importance is the education of the Malawians to answer the medical needs of the country.

Student nurse weighs a baby at the clinic in Kalinde. Every governmental district in Malawi has a community development officer, who has received six months training at a government school and who contributes to the health and development of the people in his district.



Sr. Lydia Landsbergen teaches anatomy to student nurses at Holy Family Hospital, Palombe. The education of these young women for future work as nurse-midwives in the villages is the very important aim of the school.





One day an ante-natal clinic is conducted; the other day, a well-baby clinic. The sick people who come to "the tree" are referred to the government medical assistant.

On two other days the Landrover brings a team to Nambazo, 13 miles further from the Palombe hospital. The house in Nambazo where the clinics are held has been built by the local community under the supervision of the community development officer of the district. The furniture was provided by the District Council, and a board composed of two members chosen by the local community and two Sisters administer the project. Another center for domiciliary midwifery is opening this year in Mwanga, a town some 20 to 25 miles from Palombe on the road to Zomba, the capital of the country.

This permanent center will provide supervised practical experience for student midwives, while it answers a great need of the area.

On July 1, 1968, the second settlement of Medical Mission Sisters in Malawi became a fact when four Sisters moved to Kasina, approximately 200 miles north of Palombe, to live with two African Teresian Sisters and assist them with their maternity clinic and O.P.D. The two groups form one community and speak Chichewa with one another. It is hoped that within the next 5 to 10 years the Teresians will be able to assume the full burden of the clinic and the O.P.D., as well as that of the four outlying clinics in the neighborhood. Critical cases are referred to the Mknoma Hospital eight miles away, conducted by the Church of Central Africa Presbyterian. This endeavor in Kasina is a fine experiment in intercultural community religious life, in ecumenical cooperation and in medical service.

Sr. Livina de Nijs holds the weekly baby clinic at Kalinde under "the tree." The Landrover-ambulance from Holy Family Hospital makes the 14-mile trip to Kalinde twice a week.

"See to it that you go wherever the action is.
Make it happen if necessary. And in the last analysis, it will not be how much you accomplish, how elegant your words or how numerous your hospitals. The important thing will be that you have served the people through united action. The world will come alive to the news of salvation only if you love one another and together work towards its fulfillment." So the gist of the Gospel message on the mission of the Church might be paraphrased.

There is action in Malawi—need, response, progress. And the Christian Churches are there—making it happen. Since 1965, an organization called the Private Hospital Association of Malawi (P.H.A.M.) has been in existence to coordinate and improve non-governmental medical service in the country.
Its objectives are the following:

- **to develop the highest level of patient care through the mutual cooperation of all the members.**
- **to facilitate cooperation with the Malawian Department of Health**

Bridge at Palombe. Bridges at various points along the Shire River facilitate the travels of the mobile van donated to P.H.A.M. by the Methodist Church of the United States.

and Medical Services and to speak as the official voice of member private institutions.

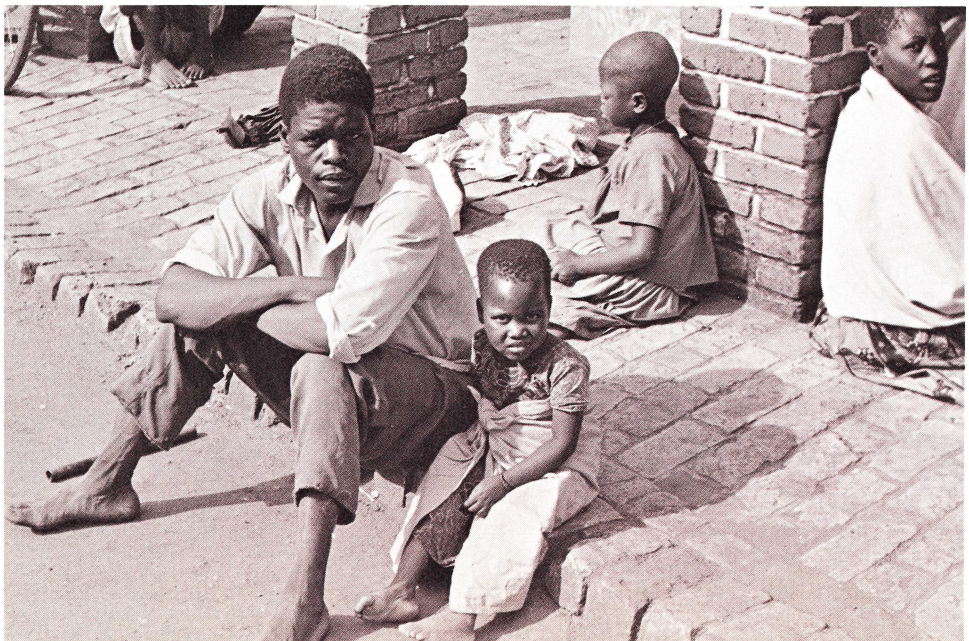
- **to develop and coordinate training programs by improving the present assistant nurse and health assistant training programs and initiating para-medical training programs.**
- **To coordinate clinical services by regional planning.**

Membership in P.H.A.M. is open to any non-governmental medical facility in Malawi recognized by the Malawi Ministry of Health. The charter members, however, include the representatives of the Christian Council and of the Catholic medical institutions which have united to form P.H.A.M. Presently, there are 80 member institutions, belonging to all Churches. The Catholic Church accounts for approximately half of the number; the three other major Churches are the Presbyterian Church (cooperating with the Dutch Reformed Church of South Africa), the Anglicans and the Seventh-Day Adventists. Half of these institutions may be called hospitals; the other half are maternity clinics and dispensaries. P.H.A.M. includes 42% of the total hospital beds in Malawi.

Dispensary and maternity buildings at Kasina, a town about 200 miles from Palombe. Four Medical Mission Sisters are living with two African Teresian Sisters, to assist them in setting up an O.P.D. and maternity clinic.

The President of Malawi, Dr. K. Banda, and the Ministry of Health have approved the foundation of P.H.A.M. and contributed to its initial growth. The Ministry of Health donated two large office rooms on its own premises to P.H.A.M. and government policy has been established that every contact between private medical institutions and the government must be channelled through P.H.A.M. With this official status the organization was requested to have members on the National Council of Nurses and Midwives, the National Rehabilitation Committee and the National Council of Social Services.

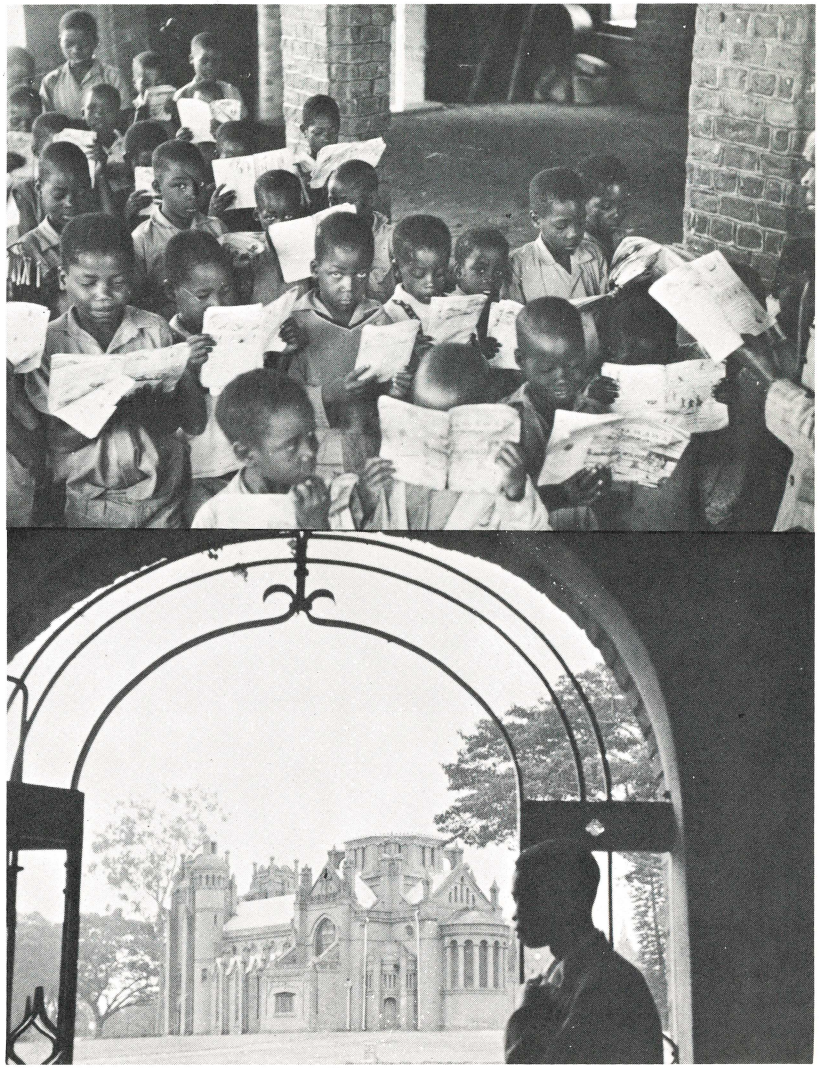
Holy Family Hospital, Palombe, with its offspring clinics, is a member of P.H.A.M. However, the Medical Mission Sisters have made another contribution to the organization and its work in the person of Sister Martha van Marissing. A nurse-midwife from the Netherlands with experience in several developing countries and various institutions, she is associate secretary of P.H.A.M. Together with Mr. Jack S. Lesshafft, Sr., of the Board of World Ministeries of the United Church of Christ in the United States,



Sister Martha assists in evaluating new plans, obtaining grants in aid from Malawian or foreign sources, mediating between hospitals and foreign doctors wishing to work for the missions, advising in construction, and especially in presenting any question or problem of any institution to the government. The secretariate is the central point through which the various activities of P.H.A.M. are coordinated.

A microscopic view of the work of P.H.A.M. can be obtained by focusing on the Mobile Van—Public Health Project in the Lower Shire Valley in the Southern Region of Malawi. The mobile van unit itself was donated by the Overseas Committee of the Methodist Church of the United States. The Lower Shire Valley was chosen for the project because of its numerous health problems and few health services. Various development projects are planned for this area, thereby increasing the population and the health needs. Ideally, a kind of "oval area of intensity" some 45 miles in length (see map) will be

The government of Malawi spends the greater part of the yearly budget on education, but the country still has a long way to go to eradicate illiteracy. Church World Service is helping children become better students by providing hot school lunches, in cooperation with the Christian Council of Malawi.



The Cathedral of St. Michael and All Angels (Presbyterian) in Blantyre. The Private Hospital Association of Malawi (P.H.A.M.) was organized to coordinate the medical efforts of the various Christian Churches in Malawi.

Gathering of P.H.A.M. officials in front of the mobile van to be used in the Lower Shire Valley Project. From left to right: Mr. Fotouhi, Director of the U.S. Information Service; Mr. Marshall Jones, the American ambassador to Malawi; Sister Martha van Marissing, Associate Secretary for P.H.A.M., Mr. Munthali, the permanent Secretary for Health of Malawi; and Mr. Jack Lesshafft, the permanent Secretary for P.H.A.M.

Sister Martha and Mr. Lesshafft confer about P.H.A.M. business. Government policy in Malawi has been established that every contact between private medical institutions and the government must be channeled through P.H.A.M.

traced by the mobile van along the east and west banks of the Shire. Trinity Catholic Hospital at Muona (west side) will be the home base for operations. A ferry located slightly southwest at Chiromo will facilitate the mobile van's route across the river and up the east bank to the government hospital at Chikwawa. A new bridge at Chikwawa provides access back across the Shire and down the west side to Muona again. The trailer of this unit is designed for social welfare, immunization and rural health services, with a combination reception-interview-laboratory room and an examination-x-ray-film processing area.

Much emphasis will be placed on maternal-child health along this mobile van route. Public health films will be shown in conjunction with this project, and training courses in health and preventive medicine will be started. It is hoped that the staff will be ecumenical, international and a combination of both Church and government personnel. Yes, the old saying is truer than ever: divided we confuse and confound, but united—we build the world.

DREAM

OF THE BLACK MOTHER

Black mother
Rocks her son
And in her black head
Covered with black hair
She keeps marvellous dreams.

Black mother
Rocks her son
And forgets
That the earth has dried up the maize
That yesterday the groundnuts were finished.

She dreams of marvellous worlds
Where her son would go to school
To school where men study.

Black mother
Rocks her son
And forgets
Her brothers building towns and cities
Cementing them with their blood.

She dreams of marvellous worlds
Where her son would run along the street
The street where men pass by.

Black mother
Rocks her son
And listening
To the voice from afar
Brought by the wind.

She dreams of marvellous worlds,
Marvellous worlds
Where her son will be able to live.

NEWS CAPSULES

■ The Medical Mission Sisters graduated the first class of nurses from their nursing school in QuiNhon, South Vietnam. Of the 10 new nurses, three will remain on the staff of Holy Family Hospital, while the others will work for the Ministry of Health and Social Welfare at provincial hospitals and dispensaries.

■ Some of our Sisters in the Philippines have been invited to undergo a special course sponsored by the Phillipine Rural Reconstruction Movement. The course, which will entail in-campus training and actual exposure to barrio living, is designed to enable the participants to gain a deeper appreciation of rural reconstruction, its philosophy, principles and concepts.

■ Pope Paul VI presented a check for $100,000 to the World Council of Churches on behalf of an anonymous donor. The donor had asked the Pope to present the check to the WCC in recognition of the Medical Mission Sisters who have joined their efforts with those of other faiths to help those suffering from leprosy.

■ The Cellitin Sisters of Cologne, Germany, who have the Kumily Health Center in South India, have asked our Sisters if we would run the place in their name for a few years until sufficient numbers of their own Indian Sisters are professionally prepared.

■ An unusual experiment is taking place in Rome. Members of two religious communities — Medical Mission Sisters and the Missionary Sisters of the Immaculate Heart of Mary — are sharing a house. Both communities had found their previous generalates too large for practical use, so it was decided to join forces.

■ In March, African lay members joined the governing board of Holy Family Hospital, Berekum, Ghana. The new participants include a Catholic army chaplain, a member of the Urban Council, and a representative of the Regional Ministry of Health.

■ *Activity* is the word to describe the work of our Sisters in Ethiopia. There are now three Sisters in Atat and, although the buildings are not yet completed, nearly 100 patients are coming each day. Recently, there was a smallpox epidemic and Sister Jutta, with the help of a doctor, went out for three days giving vaccinations to 2,000 people.

■ With a view to starting a mobile dispensary, a few of the Sisters from Mundakayam, South India, visited Meloram, an isolated, hilly place with no facilities for transportation. The need and scope for public health is great as there are no other dispensaries or clinics nearby.

MEDICAL MISSION SISTERS in:

Rawalpindi, West Pakistan
Karachi, West Pakistan
Dacca, East Pakistan
New Delhi, India
Patna, India
Mandar, India
Bombay, India
Poona, India
Bharananganam, Kerala, India
Chetipuza, Kerala, India
Mundakayam, Kerala, India
Ithithanam, Kerala, India
Kottayam, Kerala, India
Berekum, Ghana, W. Africa
Techiman, Ghana, W. Africa
Kokofu, Ghana, W. Africa
Fort Portal, Uganda, E. Africa
Atat, Ethiopia, E. Africa
Nangina, Kenya, E. Africa
Palombe, Malawi, Cent. Africa
Blantyre, Malawi, Cent. Africa
Kasina, Malawi, Cent. Africa
Inongo, Congo, Cent. Africa
Kiri, Congo, Cent. Africa
Pendzwa, Congo, Cent. Africa
Welkom, OFS, South Africa
Amman, Jordan
Quinhon, South Vietnam
Jakarta, Indonesia
Makassar, Sulawesi, Indonesia
Solo, Djawa, Indonesia
Pare-Pare, Sulawesi, Indonesia
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